

## PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 7175-74739

|   |  |
|---|--|
| <b>Box No. I TITLE OF INVENTION</b>   |  |
| PATIENT CARE EQUIPMENT SUPPORT SYSTEM   |  |
| <b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor   |  |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)     |  |
| HILL-ROM SERVICES, INC.<br>1069 State Route 46 East<br>Batesville, IN 47006-9167<br>US  |  |
| Telephone No.<br>(812) 934-8649   | Facsimile No.<br>(812) 934-1633              |
| Teleprinter No.   |  |
| Applicant's registration No. with the Office  |  |
| State (that is, country) of nationality:<br>US  | State (that is, country) of residence:<br>US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box |  |
| <b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>  |  |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)     |  |
| GRAHAM, Mark Alan<br>1655 Woodland Greens Boulevard<br>Springboro, OH 45066<br>US   |  |
| This person is:<br><input type="checkbox"/> applicant only<br><input checked="" type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)   |  |
| Applicant's registration No. with the Office  |  |
| State (that is, country) of nationality:<br>US  | State (that is, country) of residence:<br>US |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box |  |
| <input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.  |  |
| <b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>   |  |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative   |  |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  |  |
| CONARD, Richard D.<br>BARNES & THORNBURG<br>11 South Meridian Street<br>Indianapolis, IN 46204<br>US  |  |
| Telephone No.<br>(317) 236-1313   | Facsimile No.<br>(317) 231-7433              |
| Teleprinter No.   |  |
| Agent's registration No. with the Office<br>27321   |  |
| <input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.  |  |

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**Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)***If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NEWKIRK, David C.  
1274 Skyview Circle  
Lawrenceburg, IN 47025  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

REINKE, Christian H.  
1079 Mead Road  
Bellbrook, OH 45305  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

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This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

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**Box No. V DESIGNATIONS**

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

*(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)*

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

| Filing date<br>of earlier application<br>(day/month/year) | Number<br>of earlier application | Where earlier application is:                        |   |  |
|---|----------------------------------|--|---|--|
|   |                                  | national application:<br>country or Member<br>of WTO | regional application:*<br>regional Office | international application:<br>receiving Office |
| item (1)<br>13 October 2003<br>(13.10.03)                 | 60/510,756                       | US   |   |  |
| item (2)  |                                  |  |   |  |
| item (3)  |                                  |  |   |  |

- ☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

- ☒ all items      ☒ item (1)      ☐ item (2)      ☐ item (3)      ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . . .

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / US

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Box No. VIII (i)              | Declaration as to the identity of the inventor   | : |   |
| <input checked="" type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : | 1 |
| <input checked="" type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : | 1 |
| <input type="checkbox"/> Box No. VIII (iv)             | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |   |
| <input type="checkbox"/> Box No. VIII (v)              | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |   |